

Foster Family Home - Deficiency Report

Provider ID: 1-110004

Home Name: Maricel Estoquia, CNA

Review ID: 1-110004-8

94-1241 Henokea Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/10/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 12/10/2021.

Foster Family Home Background Checks [11-800-8]

8.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department. Requests for exemptions must be:

Comment:

8.(e)- HHM#2's Ecrim dated 6/24/2021 and 6/15/2020 with a positive finding. No exemption determination result present in the CCFFH binder.

Foster Family Home Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- No evidence of CG#1, CG#3, CG#4, CG#5, and CG#6 having had the training on Client #1's [REDACTED]

Maribel Nakamine, M 11/10/2021
Compliance Manager Date
Estoquia 11/10/2021
Primary Care Giver Date